



# Systems Documentation – Claims III



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## Revision History

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## **Section 1: Dental Data Correction Window**

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### **Introduction**

The Dental Data Correction window is accessed by selecting suspended dental claims from the Claim Suspense Listing window. From this screen, the examiner has access to the following information:

- Detail lines – Displays the data entered on the detail lines.
- EOB/Errors – Displays all EOB messages or error codes pertinent to the claim.
- Member database – Accesses member information pertinent to the RID No. on the claim. Double-click the RID No. to access the member database.
- Provider database – Accesses provider information pertinent to the provider identification number on the claim. Double-click the provider number to access the provider database.
- Third Party Liability (TPL) database – Accesses the TPL information pertinent to the TPL amount on the claim. Double-click the TPL amount to access the TPL database.
- Related history claims that applies to the claim

The following fields can be updated:

- Claim Status
- RID No.
- Member Last Name or Recipient First Name
- Billing Provider Identification Number or Location Code
- Place Of Service (POS)
- TPL amount
- Patient deductible amount
- Accident indicator
- Emergency indicator
- Signature indicator
- From and to dates of service
- Date billed
- Billed amount (amount is recalculated if billed amt is changed on details)
- Net billed amount

Claim corrections are accomplished by changing the data on any of the above fields. If appropriate, additional data can also be entered. After data correction is complete, the examiner can resubmit the claim. Claim resubmission allows the claim to go through the claims processing cycle, subjecting it again to the edits and audits. The claim enters the processing cycle once a day through a nightly process.

**Dental Data Correction**

File Edit Applications Options Claim

ICN:  Claim Type: **Dental** Claim Status: **Resubmit** Txn Type:  No. of Details: **003**

RID No.:  Recip Last Name:  Recip First Name:

Patient Acct No.:  From DOS: **2003/09/11** To DOS: **2003/09/11**

Provider/Location:  Date Billed: **2003/09/11** TPL Amount: **\$0.00**

POS: **11** Billed Amount: **\$146.50** Patient Deduct Amt: **\$0.00**

Accident: **None** Net Billed Amount: **\$146.50**

Emergency: **No**

Signature: **Yes**

Attachment:

Detail No.	Stat	DOS	Proc Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Units Billed	Units Alwd	Tooth Number	Billed Amount
001	P	20030911	D2380					1	1	J	\$67.00
002	P	2003/09/11	D9230					1	1		\$41.00
003	S	2003/09/11	D9248					1	1		\$38.50

Detail No.	Error Disp	Error Code	Num Dtl	Health Pgm	Detail Number	Related ICN	Related Detail	Processed Date
01	P	9000	00	MA	3		2	2003/09/25
02	P	9000	01	MA				
03		5000	02	MA				
			03	MA				

Next ICN:  **Inquire** **Save** **Exit**

Resubmitted since 13:29:57

Figure 1.1 – Dental Claim Correction Window – Scrolled Left

**Dental Data Correction**

File Edit Applications Options Claim

ICN:  Claim Type:  Claim Status:  Txn Type:  No. of Details:

RID No.:  Recip Last Name:  Recip First Name:

Patient Acct No.:  From DOS:  To DOS:

Provider/Location:  Date Billed:  TPL Amount:

POS:  Billed Amount:  Patient Deduct Amt:

Accident:  Net Billed Amount:

Emergency:  Signature:  Attachment:

Tooth Number		Billed Amount	Allowed Amount	Pricing Indicator	Rendering Taxonomy	Rendering Provider	Control Line Nbr	POS
1	J	\$67.00	\$0.00	1				
1		\$41.00	\$0.00	1				
1		\$38.50	\$0.00	1				

Detail No.	Error Disp	Error Code	Num Dtl	Health Pgm	Related ICN	Related Detail	Processed Date	Processed Time
01	P	9000	00	MA		2	2003/09/25	16:56:45
02	P	9000	01	MA				
03		5000	02	MA				
			03	MA				

Next ICN:

Resubmitted since 13:29:57

Figure 1.2 – Dental Claim Correction Window – Scrolled Right

File	Edit	Applications	Options	Claim
Save	Copy	Adhoc Reporting	Inquire	Tooth Surface
Print	Paste	Claims	CCF Xref	Attachments
Exit	Cut	Financial	Location	Attachment Xref
Audit		Managed Care	Related History	
Exit IndianaAIM		MARS	EOBs	
		Prior Authorization	Add Detail	
		Provider	Delete Detail	
		Recipient	Cash Disposition	
		Reference	Remarks	
		Security		
		SURS		
		Third Party Liability		

Figure 1.3 – Dental Data Correction Window – Menu Tree

Figure 1.3 is an illustration of a menu tree for the Dental Data Correction Window - Header section. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Dental Data Correction Window - Header section.

## Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. Some commands or window options are in gray because they are not available.

Select a command or window option in the following manner:

- Click the desired command or option title and a drop-down box displays. Click the command or option.
- Press **Alt** and the underscored letter of the command or window option. A drop-down box displays. Choose the underscored letter of the command or option to open the window.

### **Menu Selection: File**

This option allows the user to exit the window, save the window, print the screen displayed, or exit IndianaAIM.

*Save* – Allows the user to save the corrected information on the header window.

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to the exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This command allows the user to modify data entered.

*Copy* – Copies text so the user can transfer the copied text to another area.

*Paste* – Pastes text that was cut or copied from another area.

*Cut* – Deletes the text and places it on the clipboard.

### **Menu Selection: Applications**

This menu options allows the user to access all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Allows the user to access the Adhoc Reporting windows.

*Claims* – Allows the user to access the Claims windows.

*Financial* – Allows the user to access the Financial windows.

*Managed Care* – Allows the user to access the Managed Care windows.

*MARS* – Allows the user to access MARS windows.

*Prior Authorization* – Allows the user to access the Prior Authorization windows.

*Provider* – Allows the user to access the Provider windows.

*Recipient* – Allows the user to access the Recipient windows.

*Reference* – Allows the user to access the Reference windows.

*Security* – Allows the user to access the Security windows.

*SURS* – Allows the user to access the SURS windows.

*Third Party Liability* – Allows the user to access the Third Party Liability windows.

### **Menu Selection: Options**

This menu allows the user to select different system functions from the menu bar.

*Inquire* – Allows the user to enter a different claim.

*CCF Xref* – Allows the user to view the ICN of the CCF used to correct the claim.

*Location* – Allows the user to see the claim location.

*Related History* – Allows the user to view any related history for the claim.

*EOBs* – Allows the user to view the EOBs pertaining to the Physician claim window.

*Add Detail* – Allows the user to add a detail to the claim.

*Delete Detail* – Allows the user to delete a detail from the claim.

*Cash Disposition* – Allows user to view the amount of cash disposition to the claim in question

*Remarks* – Allows user to view any remarks associated with the claim in question.

### **Menu Selection: Claim**

This menu allows the user to select different system functions from the menu bar.

*Tooth Surface* – Allows the user to view the tooth surfaces billed on the claim.

*Attachments* – Allows the user to view the attachment report type code, attachment report type, transmittal code, attachment transmission method, attachment control number, and description associated with the claim

*Attachment Xref* – Allows the user to view the attachment control number, attachment ICN, and date associated with the claim

## **Field Information – Header Section**

### **Field Name: ICN**

*Description* – Internal control number that uniquely identifies a claim

*Format* – Thirteen numeric characters

*Features* – Protected, display only

*Edit* – None

*To Correct* – N/A

### **Field Name: Claim Type**

*Description* – Indicates the type of claim

*Format* – Twenty alphanumeric characters

*Features* – Protected, display only

*Edit* – None

*To Correct* – N/A

### **Field Name: Claim Status**

*Description* – Identifies the status of the claim

*Format* – Eleven alphabetic characters

*Features* – Drop-down box; valid values are as follows:

- CCF

- Resubmit
- Suspended
- Batch Susp

*Edit* – None

*To Correct* – N/A

**Field Name: TXN Type**

*Description* – Indicates whether claim suspended the first cycle or took several cycles to suspend

*Format* – One alphanumeric character

*Features* – Protected, display only

*Edit* – None

*To Correct* – N/A

**Field Name: No of Details**

*Description* – Number of detail service lines on the claim

*Format* – Three numeric characters

*Features* – Protected, display only

*Edit* – None

*To Correct* – N/A

**Field Name: RID No**

*Description* – A system assigned number that uniquely identifies a member

*Format* – Twelve numeric characters

*Features* – Double-click the RID No. to access member database

*Edit* – 91029; RID No. must be numeric!

*To Correct* – Verify entry and re-enter

*Edit* – 91052; RID No. is invalid!

*To Correct* – Verify entry and re-enter

**Field Name: Recip Last Name**

*Description* – Last name of the member associated with the RID number

*Format* – Fifteen alphanumeric characters

*Features* – When correcting, add only the first three characters

*Edit* – None

*To Correct* – N/A

**Field Name: Recip First Name**

*Description* – First name of the member associated with the RID number

*Format* – Fifteen alphanumeric characters

*Features* – When correcting, add only the first character

*Edit* – None

*To Correct* – N/A

**Field Name: Patient Acct No.**

*Description* – Unique value used by the provider to identify medical records for patient

*Format* – Twelve alphanumeric characters

*Features* – Optional field

*Edit* – 91031; Patient account number must be alphanumeric!

*To correct* – Verify keying and re-enter

**Field Name: Provider/Location**

*Description* – Billing provider identification number and location that uniquely identifies the provider of services

*Format* – Nine numeric characters and one alpha character

*Features* – Double-click the billing provider number to access the provider database

*Edit* – 5093; Provider ID must be nine characters!

*To Correct* – Verify keying and re-enter

*Edit* – 91029; Provider number must be numeric!

*To Correct* – Verify keying and re-enter

*Edit* – 91052; Provider number is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: From DOS**

*Description* – Beginning date of service on the claim

*Format* – Eight numeric characters (CCYYMMDD)

*Features* – None

*Edit* – 91022; Date cannot be greater than Today's Date!

*To Correct* – Verify keying and re-enter

*Edit* – 91001; Invalid date (CCYYMMDD)!

*To Correct* – Verify keying and re-enter

**Field Name: To DOS**

*Description* – Ending date of service on the claim

*Format* – Eight numeric characters (CCYYMMDD)

*Features* – None

*Edit* – 91022; Date cannot be greater than Today's Date!

*To Correct* – Verify keying and re-enter

*Edit* – 91001; Invalid date (CCYYMMDD)!

*To Correct* – Verify keying and re-enter

**Field Name: POS**

*Description* – Location where service was rendered

*Format* – Two numeric characters

*Features* – None

*Edit* – 91006; POS field is required!

*To Correct* – Enter a valid POS

*Edit* – 91052; POS number is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: Date Billed**

*Description* – Date the claim was submitted for processing

*Format* – Eight numeric characters (CCYYMMDD)

*Features* – None

*Edit* – 91022; Date cannot be greater than Today's Date!

*To Correct* – Verify keying and re-enter

**Field Name: TPL Amount**

*Description* – Amount paid by third party for services

*Format* – Eight numeric characters including two decimal places

*Features* – Situational field

*Edit* – 91007; Data must be numeric!

*To Correct* – Verify keying and re-enter

**Field Name: Billed Amount**

*Description* – Amount requested by the provider for services rendered

*Format* – Eight numeric characters including two decimal places

*Features* – None

*Edit* – 91007; Data must be numeric

*To Correct* – Verify keying and re-enter

**Field Name: Patient Deduct Amt**

*Description* – Amount of money that the member is responsible for paying for services rendered

*Format* – Eight numeric characters including two decimal places

*Features* – Situational field; double-click patient liability amount to access the TPL database

*Edit* – 91007; Data must be numeric!

*To Correct* – Verify keying and re-enter

**Field Name: Net Billed Amount**

*Description* – Amount remaining on a claim after payment has been made by all other sources (patient liability, TPL, and so forth)

*Format* – Eight numeric characters including two decimal places

*Features* – None

*Edit* – 91007; Data must be numeric

*To Correct* – Verify keying and re-enter

**Field Name: Accident**

*Description* – Indicates whether the service was provided as a result of an accident

*Format* – Alphabetic characters

*Features* – Valid values are as follows:

- Employment
- Auto
- C – Other
- None
- Z – Other

*Edit* – None

*To Correct* – N/A

**Field Name: Emergency**

*Description* – Indicates whether service was provided as a result of an emergency situation

*Format* – Yes or No

*Features* – Drop-down box

*Edit* – None

*To Correct* – N/A

**Field Name: Signature**

*Description* – Indicates whether the claim was signed by the provider or representative

*Format* – Yes or No

*Features* – Drop-down box

*Edit* – None

*To Correct* – N/A

**Field Name: Attachment**

*Description* – Indicates an attachment

*Format* – Yes or No

*Features* – Drop-down box

*Edit* – None

*To Correct* – N/A

### **Field Name: Next ICN**

*Description* – Internal control number that identifies the next claim you wish to display

*Format* – Thirteen numeric characters

*Features* – None

*Edit* – 91072; ICN must be 13 digits!

*To correct* – Verify entry and click **Search** or press enter.

*Edit* – 91029; ICN must be numeric!

*To correct* – Verify entry and click **Search** or press enter.

*Edit* – 91024; No match found!

*To correct* – Verify entry and click **Search** or press enter.

### **Field Name: Resubmitted since (timestamp of logon)**

*Description* – Counter that displays number of times claim has been resubmitted for processing since user began editing this claim

*Format* – Six numeric characters (HH:MM:SS)

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

## **Other Messages**

None

## **System Information**

*PBL* – PROV01.PBL

*Window* – W\_BASE\_MAINT\_DATACOR

*Menu* – M\_CLAIM\_DCOR

*Data Window* – DW\_DENTAL\_HDR\_SUSPENDED

## System Features

Click **Data Corrections** to access the Claims Suspense Listing window and the system automatically opens the first claim listed in the window. When the system opens the claim, it automatically changes the claim status to resubmit.

Click **Save** to apply all changes to the claim on the Claim Header, Details, and Errors windows. When the save is successful, the system automatically exits the claim and opens the next claim in the Claim Suspense Listing window and changes the status to resubmit. As long as the user clicks **Save**, the automatic open and close function continues. To bypass the automatic open and close function, click **Exit**. The system then prompts the user with “Do You Want To Save Changes.” Click **Yes** to save the changes and the next claim does not automatically open.

To start the automatic open and close function again, double-click on the next ICN or click **Select** on the Claim Suspense Listing window. As long as the user clicks **Save**, the automatic open and close function remains active.

The *Next ICN* field is used to process CCFs. This field allows the user to select the ICN and pulls the claim into view for processing.

Within the window there is a resubmit counter that tracks how many claims were resubmitted for processing during the session. When **Exit** is clicked, the system resets the counter to zero.

Click **Exit** to exit the Dental Data Correction window.

When RID No. is changed to a valid number, the Recip Name fields are updated.

Double-click **Provider** to access the Provider Base window.

Double-click the RID No. to access the Recipient Base window.

Double-click the TPL Amount or Patient Deduct Amt to access the TPL Search/Resource window

## Field Information – Detail

The Detail section of the Dental Data Correction window displays all information in the detail lines of a dental claim. System-generated data, such as the allowable amount for services billed, is displayed. This section can be used to view and correct detail errors on dental claims.

The following fields are updateable:

- DOS
- Proc Code
- Modifier
- Units Billed
- Units Allowed
- Tooth Number
- Billed Amount
- Allowed amount

- Pricing Indicator
- Rendering taxonomy
- Rendering provider
- Control Line Number
- Place of service (POS)

Claim correction is accomplished by changing the data on any of the above fields. After the data correction is complete, the examiner can resubmit the claim. Claim resubmission allows the claim to go through the processing cycle, again subjecting it to edits and audits. The claim begins the processing cycle upon resubmission.

**Field Name: Detail No.**

*Description* – Number of the detail on the claim record

*Format* – Three numeric characters

*Features* – Protected, display only

*Edit* – None

*To Correct* – N/A

**Field Name: Detail Stat**

*Description* – Indicates the status of the detail

*Format* – One alphabetic character

*Features* – Protected, display only; valid values as follows:

- C=CCF
- P=Paid
- S=Suspended
- D=Denied

*Edit* – None

*To Correct* – N/A

**Field Name: DOS**

*Description* – Date services were performed

*Format* – Eight numeric characters (CCYYMMDD)

*Features* – None

*Edit* – 91001; Invalid Date (CCYYMMDD)!

*To Correct* – Verify date and format and re-enter.

**Field Name: Proc Code**

*Description* – Procedure code used to identify a dental procedure

*Format* – Five alphanumeric characters

*Features* – None

*Edit* – 91006; Procedure code is required!

*To Correct* – Enter a valid procedure code

*Edit* – 91052; Procedure code is invalid!

*To correct* – Enter a valid procedure code

**Field Name: Modifiers 1, 2, 3, and 4**

*Description* – Code used to further define a procedure

*Format* – Two alphanumeric characters

*Features* – None

*Edit* – None

*To correct* – N/A

**Field Name: Units Billed**

*Description* – Number of units billed by the provider

*Format* – Four numeric characters

*Features* – None

*Edit* – 91076; Units billed must be less than 10,000!

*To Correct* – Verify typing and re-enter

**Field Name: Units Alwd**

*Description* – Number of units allowed to the provider

*Format* – Four numeric characters

*Features* – Protected, display only

*Edit* – None

*To Correct* – N/A

**Field Name: Tooth Number**

*Description* – Identifies the tooth receiving service. An alphabetic character indicates temporary teeth and numeric indicates permanent teeth.

*Format* – Two alphanumeric characters

*Features* – Situational field; valid values are as follows:

- A-T: Primary
- 1-32: Permanent

*Edit* – 91052; Tooth number is invalid!

*To Correct* – Verify entry and re-enter

**Field Name: Billed Amount**

*Description* – Amount of money requested for payment by a provider for services rendered

*Format* – Eight numeric characters including two decimal places

*Features* – None

*Edit* – 91007; Data must be numeric!

*To Correct* – Verify entry and re-enter

**Field Name: Allowed Amount**

*Description* – Indiana Health Coverage Programs allowed amount

*Format* – Nine numeric characters

*Features* – Data correctable only with edit 6000

*Edit* – 91007; Data must be numeric!

*To Correct* – Verify entry and re-enter

**Field Name: Pricing Indicator**

*Description* – Indicates pricing methodology applied to the procedure performed

*Format* – One alphanumeric character

*Features* – Protected, display only

*Edit* – None

*To Correct* – N/A

### **Field Name: Rendering Taxonomy**

*Description* – A provider classification system that has three levels

*Format* – Ten alphanumeric characters

- Level I – Alphanumeric characters in the first and second position identify a major group of services or occupation of health care
- Level II – Alphanumeric characters in the third and fourth position identify more specific services or occupations based upon licensed provider classifications
- Level III – Alphanumeric characters in positions five through ten identify the provider specialization

*Features* – None

*Edit* – 91052; Taxonomy is invalid!

*To correct* – Verify typing and re-enter

### **Field Name: Rendering Provider**

*Description* – Identification number of provider performing service

*Format* – Nine numeric characters

*Features* – None

*Edit* – 91029; Provider number must be numeric!

*To correct* – Verify typing and re-enter

*Edit* – 91052; Provider number is invalid!

*To correct* – Verify typing and re-enter

*Edit* – 5093; Provider ID must be 9 numeric digits!

*To correct* – Verify typing and re-enter

### **Field Name: Control Line Nbr**

*Description* – Provider’s control number for service provided

*Format* – Twenty alphanumeric characters

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

### **Field Name: POS**

*Description* – Location where service was rendered

*Format* – Two numeric characters

*Features* – None

*Edit* – 91052; POS in invalid!

*To correct* –Verify keying and re-enter

*Edit* – 91037; POS field is required!

*To correct* –Verify keying and re-enter

## Other Messages

None

## System Information

*PBL* – PROV01PBL

*Window* – W\_BASE\_MAINT-DATACOR

*Menu* – M\_CLAIM\_DCOR

*Data Window* – DW\_DENTAL\_DTL\_SUSPENDED

## System Features

A change in the Billed Amount field on the detail recalculates the header's billed amount.

A change in the date of service (DOS) on the detail causes changes to the dates of service on the header.

When *Add or Delete a Detail* function is used, the system automatically recalculates the total billed amount.

## Field Information – Claim Errors Section

The Claim Errors section of the Dental Data Correction window is displayed in the lower left corner. This section displays the errors in the header or details applicable to the claim being viewed. The detail line numbers applicable to the errors are also displayed.

### **Field Name: Detail No**

*Description* – Number of the header (00) or detail (01-52) for a specific claim in error

*Format* – Three numeric characters

*Features* – None

### **Field Name: Error Disp**

*Description* – Indicates the claim disposition applicable to the edit or audit

*Format* – Blank/CCF/Deny/Force/Batch

*Features* – Drop-down box

*Edit* – 6533; This status may only be assigned by the system!

*To correct* – Verify keying and re-enter

### **Field Name: Error Code**

*Description* – Code used to identify the edit or audit

*Format* – Four numeric characters

*Features* – Double-click to display the Claim Error List window (response window)

## **Other Messages**

None

## **System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_BASE\_MAINT\_DATACOR

*Menu* – M\_CLAIM\_DCOR

*Data Window* – DW\_CLAIM\_ERROR\_DCOR

## **System Features**

The Claims Errors section is used for inquiry, data corrections, and adjustments.

Claim errors can be added or changed only during data correction and adjustment processing.

The Errors section only displays unworked errors when the claim is opened.

Double-click in this section to display the Full Claim Errors window, including the description of the ESC code.

## Field Information – Claim Program Xref Section

The Claim Program Xref section of the Dental Data Correction window is displayed in the lower middle section. This section displays other health programs that have a financial liability for the claim being viewed.

### **Field Name: Num Dtl**

*Description* – Indicates the current detail line related to the claim displayed

*Format* – Two numeric characters

*Features* – Protected, display only

### **Field Name: Health Pgm**

*Description* – Indicates a health program with liability for the claim displayed

*Format* – Two alpha characters

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

## Other Messages

None

## System Information

*PBL* – CLAIM01.PBL

*Window* – W\_BASE\_MAINT\_DATACOR

*Menu* – M\_CLAIM\_DCOR

*Data Window* – DW\_DATACOR\_PGM\_XREF

## System Features

None

## Field Information – Related Claim History Section

The Related Claim History section of the Dental Data Correction window is displayed in the lower right corner. This window lists other claims related to the current claim.

### **Field Name: Detail Number**

*Description* – Indicates the current detail line related to the history claim displayed

*Format* – Three numeric characters

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

### **Field Name: Related ICN**

*Description* – ICN of the related claim.

*Format* – Thirteen numeric characters

*Features* – Protected, display only; Double click on ICN and related claim will be displayed

*Edit* – None

*To correct* – N/A

### **Field Name: Related Detail**

*Description* – Indicates the history detail line related to the current detail line.

*Format* – Three numeric characters

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

### **Field Name: Processed Date**

*Description* – Indicates the date of processing related to the current detail line.

*Format* – Eight numeric characters, CCYY/MM/DD format

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

**Field Name: Processed Time**

*Description* – Indicates the time of processing related to the current detail line.

*Format* – Six numeric characters, HH:MM:SS format

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

**Other Messages**

None

**System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_BASE\_MAINT\_DATACOR

*Menu* – M\_CLAIM\_DCOR

*Data Window* – DW\_CLAIM\_RELATED\_HISTORY

**System Features**

None

## Section 2: Dental Tooth Surface Codes Window

---

### Introduction

The Dental Tooth Surface Codes window is opened from the details window under the Claim heading.

The following fields can be updated:

- Tooth Surface
- Detail Number

Claim correction is accomplished by changing the data on any of the above fields. If appropriate, additional data can be entered. After data correction is complete, the examiner can resubmit the claim. Claim resubmission allows the claim to go through the claims processing cycle, subjecting it again to the edits and audits. The claim enters the processing cycle as soon as it is resubmitted.

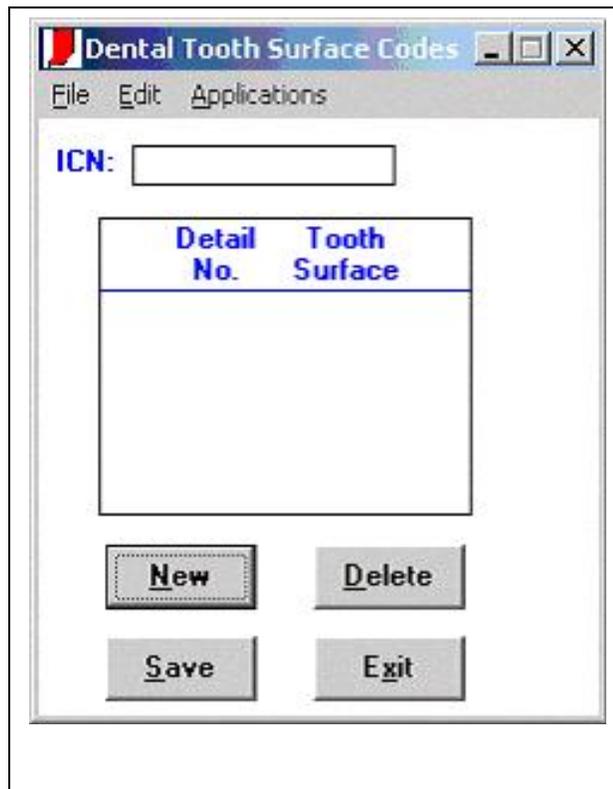


Figure 2.1 – Dental Tooth Surface Codes Window

File	Edit	Applications
Save	Copy	Adhoc Reporting
Delete	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 2.2 – Dental Tooth Surface Codes Menu Tree

This is an illustration of a menu tree for the Dental Tooth Surface Codes window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Dental Tooth Surface Codes window.

## Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. Commands or window options in gray are not available.

Select a command or window option in the following manner:

- Click the desired command or option title and a drop-down box displays. Click the command or option.
- Press Alt and the underscored letter of the command or window option. A drop-down box displays. Choose the underscored letter of the command or option to open the window.

### **Menu Selection: File**

This command allows the user to exit the window, save the window, print the screen displayed, or exit IndianaAIM.

*New* – Allows user to enter a new detail number and tooth surface code

*Save* – Allows the user to save corrected or new information

*Delete* – Allows the user to delete a record

*Print* – Allows the user to print a data window, current window, or the entire screen display

*Exit* – Allows the user to the exit window and return to a previous window

*Audit* – Allows the user to view the system changes made to each individual window

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This command allows the user to modify the entered data.

*Copy* – Copies text so the user can transfer the copied text to another area.

*Paste* – Pastes text that was cut or copied from another area.

*Cut* – Deletes the text and places it on the clipboard.

### **Menu Selection: Applications**

This menu options allows the user to access all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Allows the user to access the Adhoc Reporting windows.

*Claims* – Allows the user to access the Claims windows.

*Financial* – Allows the user to access the Financial windows.

*Managed Care* – Allows the user to access the Managed Care windows.

*MARS* – Allows the user to access MARS windows.

*Prior Authorization* – Allows the user to access the Prior Authorization windows.

*Provider* – Allows the user to access the Provider windows.

*Recipient* – Allows the user to access the member windows.

*Reference* – Allows the user to access the Reference windows.

*Security* – Allows the user to access the Security windows.

*SURS* – Allows the user to access the SURS windows.

*Third Party Liability* – Allows the user to access the Third Party Liability windows.

## **Field Information**

### **Field Name: ICN**

*Description* – Internal control number used to uniquely identify a claim

*Format* – Thirteen numeric characters

*Features* – Carried from claim header window ICN field; protected, display only

*Edits* – None

*To Correct* – N/A

### **Field Name: Detail No**

*Description* – Number of the detail for a specific claim that is in error

*Format* – Three numeric characters

*Features* – None

*Edit* – 91007; Data must be numeric

*To Correct* – Verify keying and re-enter

*Edit* – 6513; Must enter a valid detail number!

*To correct* – Verify keying and re-enter

### **Field Name: Tooth Surface**

*Description* – Surface receiving services

*Format* – One alphabetic character

*Features* – Valid values are as follows:

- B – Buccal
- D – Distal
- L – Lingual
- O – Occlusal
- M – Mesial

*Edit* – 91052; Tooth surface is invalid

*To Correct* – Verify keying and re-enter

*Edit* – 6514; This detail does not include a tooth number!

*To Correct* – Verify keying and re-enter

### **Other Messages**

None

### **System Information**

*PBL* – PROV01.PBL

*Window* – W\_DENTAL\_TOOTH SURFACE

*Menu* – M\_CLAIM\_GENERIC\_MAINT

*Data Window* – DW\_DENTAL\_TOOTH SURFACE

## **System Features**

Clicking **New** allows the user to add additional tooth surface codes to the window.

Clicking **Delete** deletes the highlighted information.

Clicking **Save** saves the entered information.

When save is complete, the Save Successful window appears. Click **OK** to exit the window

If **Save** is clicked and the information is already saved, an error 8004 window appears. The window states that no changes were made. Click **OK** to exit the window.

Click **Exit** to return to the main menu.



## Section 3: UB-92 Data Correction Window

---

### Introduction

The Data Correction – UB-92 Header window displays when any of the suspended UB-92 claims are selected from the Claim Suspense Listing window. The following claim types are included on the UB-92 claim form:

- Inpatient
- Home Health
- Outpatient
- Nursing Home or Long Term Care
- Crossover types A and C

From the Data Corrections – UB-92 Header window, the user can access the following information:

- Detail lines – Displays the data entered on the detail lines.
- EOB/Errors – Displays all EOB messages or error codes pertinent to the claim.
- Member database – Accesses recipient information pertinent to the RID No. on the screen. Double-click the RID No. to access the recipient database.
- Provider database – Accesses provider information pertinent to the provider identification number on the screen. Double-click the provider number to access the provider database.
- TPL database – Accesses TPL information pertinent to the TPL amount on the screen. Double-click the TPL amount to access the TPL database.

The following fields are updateable:

- Type of bill
- Claim status
- RID No.
- Recipient last name and recipient first name
- Billing provider identification number and location code
- Days covered
- From DOS
- To DOS
- Attending license
- Attending taxonomy
- Admit date
- Admit hour
- Admit type
- Other prov license 1
- Other prov license 2

- Patient status
- Patient account number
- Signature indicator
- Certification code
- Date billed
- Attachment

Claim correction is accomplished by changing the data on any of the above fields. If appropriate, additional data can be entered. After data correction is complete, the examiner can resubmit the claim. Claim resubmission allows the claim to go through the claims processing cycle and is subject to all edits and audits. The claim enters the processing cycle as soon as it is resubmitted.

**UB92 Data Correction**

File Edit Applications Options Claim

ICN:  Claim Type: **Outpatient** Type of Bill: **131** Claim Status: **Resubmit** Txn Type:  No. of Details: **001**

RID No.:  Recip Last Name:  Recip First Name:

Provider/Location:  Days Covered: **0** From DOS: **2003/08/07** To DOS: **2003/08/07**

Attending License:  Admit Hour/Type: **00** Admit Date: **0000/00/00** Allowed Amount: **\$0.00**

Other Prov License 1:  Attending Taxonomy:  Date Billed: **2003/12/04** Overhead Amount: **\$0.00**

Other Prov License 2:  Cert. Code:  Billed Amount: **\$800.00** Disp. Share Amount: **\$0.00**

Patient Acct No:  Signature: **Yes** Patient Status: **00** Attachment: **No**

Detail No.	Rev Stat	Proc Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	DOS	Units Billed	Billed Amt	Allowed Amt
001	P	761	49320				2003/08/07	2	\$800.00	\$0.00

Detail No.	Error Disp	Error Code	Num Dtl	Health Pgm
00		4200	00	MA
01	P	4020	01	MA

Next ICN:  **Inquire** **Save** **Exit**

Resubmitted since 13:36:21

Figure 3.1 – UB-92 Data Correction Window – Scrolled Left

**UB92 Data Correction**

File Edit Applications Options Claim

ICN:  Claim Type:  Type of Bill:  Claim Status:  Txn Type:  No. of Details:

RID No.:  Recip Last Name:  Recip First Name:

Provider/Location:  Days Covered:  From DOS:  To DOS:

Attending License:  Admit Hour/Type:  Admit Date:  Allowed Amount:

Other Prov License 1:  Attending Taxonomy:  Date Billed:  Overhead Amount:

Other Prov License 2:  Cert. Code:  Billed Amount:  Disp. Share Amount:

Patient Acct No:  Signature:  Patient Status:  Attachment:

OS	Units Billed	Billed Amt	Allowed Amt	NDC	NDC UOM	NDC Qty
3/08/07	2	\$800.00	\$0.00			0

Detail No.	Error Disp	Error Code	Num Dtl	Health Pgm
00		4200	00	MA
01	P	4020	01	MA

Next ICN:

Resubmitted since 13:36:21

Figure 3.2 – UB-92 Data Correction Window – Scrolled Right

File	Edit	Applications	Options	Claim
Save	Copy	Adhoc Reporting	Inquire	Condition
Print	Paste	Claims	CCF Xref	Diagnosis
Exit	Cut	Financial	Location	ICD-9-CM
Audit		Managed Care	Related History	Inpatient
Exit IndianaAIM		MARS	EOBs	Occurrence
		Prior Authorization	Add Detail	Payer
		Provider	Delete Detail	Value
		Recipient	Cash Disposition	Attachment
		Reference	Remarks	Attachment Xref
		Security		
		SURS		
		Third Party Liability		

Figure 3.3 – UB-92 Data Correction Window Menu Tree

Figure 3.3 is an illustration of a menu tree for the Data Correction – UB-92 Header window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Data Correction – UB-92 Header window.

## Menu Bar

The menu bar is located below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop-down list box. Commands or window options in gray are not available.

Select a command or window option in the following manner:

- Click the desired command or option title and a drop-down box displays. Click the command or option.
- Press **Alt** and the underscored letter of the command or window option. A drop-down box displays. Choose the underscored letter of the command or click **Alt** to open the window.

### Menu Selection: File

This command allows the user to exit the window, save the window, print the screen displayed, audit the claim, or exit IndianaAIM.

*Save Header* – Allows the user to save the corrected information on the header window.

*Print* – Allows the user to print a data window, current window, or the entire screen display.

*Exit* – Allows the user to exit the window and return to a previous window.

*Audit* – Allows the user to view the system changes made to each individual window.

*Exit IndianaAIM* – Allows the user to exit IndianaAIM.

### **Menu Selection: Edit**

This command allows the user to modify data entered.

*Copy* – Copies text so the user can transfer the copied text to another area.

*Paste* – Pastes text that was cut or copied from another area.

*Cut* – Deletes the text and places it on the clipboard.

### **Menu Selection: Applications**

This menu options allows the user to all the functional areas available in IndianaAIM.

*Adhoc Reporting* – Allows the user to access the Adhoc Reporting windows.

*Claims* – Allows the user to access the Claims windows.

*Financial* – Allows the user to access the Financial windows.

*Managed Care* – Allows the user to access the Managed Care windows.

*MARS* – Allows the user to access MARS windows.

*Prior Authorization* – Allows the user to access the Prior Authorization windows.

*Provider* – Allows the user to access the Provider windows.

*Recipient* – Allows the user to access the Recipient windows.

*Reference* – Allows the user to access the Reference windows.

*Security* – Allows the user to access the Security windows.

*SURS* – Allows the user to access the SURS windows.

*Third Party Liability* – Allows the user to access the Third Party Liability windows.

### **Menu Selection: Options**

This menu allows the user to select different system functions from the menu bar.

*Inquire* – Allows the user to enter a different claim.

*CCF Xref* – Allows the user to view the ICN of the CCF used to correct the claim.

*Location* – Allows the user to see the claim location.

*Related History* – Allows the user to view any related history for the claim.

*EOBs* – Allows the user to view the EOBs pertaining to the Physician Claim window.

*Add Detail* – Allows the user to add a detail to the claim.

*Delete Detail* – Allows the user to delete a detail from the claim.

*Cash Disposition* – Allows the user to view the amount dispositioned to the claim in question.

*Remarks* – Allows user to view any remarks associated with the claim in question.

### **Menu Selection: Claim**

This menu allows the user to access specific claim information.

*Condition* – Allows the user to view or change the condition codes relating to this bill that may affect payer processing.

*Diagnosis* – Allows the user to view or change the primary and other ICD-9-CM diagnosis codes.

*ICD-9-CM* – Allows the user to view or change the ICD-9-CM procedure codes.

*Inpatient* – Allows the user to view the DRG pricing for the claim.

*Occurrence* – Allows the user to view or change the occurrence codes and date the event took place.

*Payer* – Allows the user to view or change payer information that includes the payer's code, prior payment amount, and the estimated amount due.

*Value* – Allows the user to view or change the value codes on the claim.

## **Field Information – Header Section**

### **Field Name: ICN**

*Description* – Internal control number that uniquely identifies a claim

*Format* – Thirteen numeric characters

*Features* – Protected, display only

*Edits* – None

*To Correct* – N/A

### **Field Name: Claim Type**

*Description* – Indicates the type of claim

*Format* – Twenty alphanumeric characters

*Features* – Protected, display only

Valid values include the following:

- Inpatient
- Outpatient
- Home Health
- Nursing Home

- Xover-Inpatient
- Xover-Outpatient

*Edits* – None

*To Correct* – N/A

**Field Name: Type Of Bill**

*Description* – Code indicating the specific type of bill

*Format* – Three alphanumeric characters

*Features* – The valid values are from the CMS TOB code set

*Edits* – 91052; Type of bill is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: Claim Status**

*Description* – Identifies the status of the claim within the system

*Format* – Alphabetic characters

*Features* – Drop-down box; Valid values are as follows:

- CCF
- Resubmit
- Suspended
- Batch Susp

*Edits* – None

*To Correct* – N/A

**Field Name: Txn Type**

*Description* – Indicates whether claim suspended the first cycle or took several cycles to suspend

*Format* – One alphanumeric character

*Features* – Protected, display only

*Edits* – None

*To Correct* – N/A

**Field Name: No of Details**

*Description* – Number of detail service lines on the claim

*Format* – Three numeric characters

*Features* – Protected, display only

*Edits* – None

*To Correct* – N/A

**Field Name: RID No**

*Description* – System-assigned number that uniquely identifies a member

*Format* – Twelve numeric characters

*Features* – None

*Edit* – 91029; RID No. must be numeric!

*To Correct* – Verify keying and re-enter

*Edit* – 91052; RID No. is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: Recip Last Name**

*Description* – Last name of the member associated with the RID number

*Format* – Fifteen alphanumeric characters

*Features* – When correcting, add only the first three characters

*Edits* – 4140; Recipient name does not match name on file!

*To Correct* – Verify keying and re-enter

**Field Name: Recip First Name**

*Description* – Fifteen alphanumeric characters

*Format* – First name of the member associated with the RID number

*Features* – When correcting, add only the first character

*Edits* – None

*To Correct* – N/A

**Field Name: Provider/Location**

*Description* – Billing provider identification number and location that uniquely identifies the provider of services

*Format* – Nine numeric characters and one alpha character

Features – None

*Edits* – 91029; Provider number must be numeric!

*To Correct* – Verify keying and re-enter

*Edits* – 91052; Provider number is invalid

*To Correct* – Verify keying and re-enter

*Edits* – 91037; Provider service location is required!

*To Correct* – Verify keying and re-enter

**Field Name: Days Covered**

*Description* – Number of days covered by the primary payer

*Format* – Three numeric characters

*Features* – None

*Edits* – 91007; Data must be Numeric!

*To Correct* – Verify keying and re-enter

**Field Name: From DOS**

*Description* – Beginning date of service on the claim

*Format* – Eight numeric characters (CCYYMMDD)

*Features* – None

*Edit* – 91076; From DOS must be less than To DOS!

*To Correct* – Verify keying and re-enter

*Edit* – 91002; Date must be numeric!

*To Correct* – Verify keying and re-enter

**Field Name: To DOS**

*Description* – Ending date of service on the claim

*Format* – Eight numeric characters (CCYYMMDD)

*Features* – None

*Edit* – 91002; Date must be numeric!

*To Correct* – Verify keying and re-enter

**Field Name: Attending License**

*Description* – License number of the physician who normally certifies medical necessity of the services rendered or who has primary responsibility for the patient's medical care and treatment

*Format* – Ten alphanumeric characters

*Features* – None

*Edits* – 91052; Provider license is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: Admit Hour**

*Description* – Hour that the member was admitted

*Format* – Two numeric characters

*Features* – Applies to inpatient claims only. Defaults to 99

*Edits* – 6519; Admit hour must be 0 to 23 or 99!

*To Correct* – Verify keying and re-enter

*Edits* – 91029; Admit hour must be numeric!

*To Correct* – Verify keying and re-enter

**Field Name: Admit Type**

*Description* – Code indicating the priority of this admission

*Format* – One numeric character

*Features* – Required for inpatient and outpatient, optional for nursing home. Valid values are as follows:

- 1 = Emergency
- 2 = Urgent
- 3 = Elective
- 4 = Newborn

*Edits* – 91052; Admit type is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: Admit Date**

*Description* – Date the patient was admitted to the facility for care

*Format* – Eight numeric characters (CCYYMMDD)

*Features* – Valid only for inpatient and nursing home claims

*Edit* – 91001; Invalid date (CCYYMMDD)!

*To Correct* – Verify keying and re-enter

*Edit* – 91022; Date cannot be greater than today's date!

*To Correct* – Verify keying and re-enter

**Field Name: Allowed Amt**

*Description* – Amount allowed for the provider

*Format* – Nine numeric characters

*Features* – Protected, display only

*Edits* – None

*To Correct* – N/A

**Field Name: Other Prov License 1**

*Description* – License number of the physician other than the attending physician

*Format* – Ten alphanumeric characters

*Features* – Situational field

*Edits* – 91052; Other provider license 1 is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: Other Prov License 2**

*Description* – License number of the physician other than the attending physician

*Format* – Ten alphanumeric characters

*Features* – Situational field

*Edit* – 91052; Provider license is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: Attending Taxonomy**

*Description* – A provider classification system that has three levels

*Format* – Ten alphanumeric characters

- Level I – Alphanumeric characters in the first and second position identify a major group of services or occupation of health care

- Level II – Alphanumeric characters in the third and fourth position identify more specific services or occupations based upon licensed provider classifications
- Level III – Alphanumeric characters in positions five through ten identify the provider specialization

*Features* – Optional field

*Edit* – 91052; Taxonomy is invalid!

*To Correct* – Verify keying and re-enter

### **Field Name: Patient Status**

*Description* – Codes indicating the patient's status as of the ending service date of the period covered on the claim

*Format* – Two numeric characters

*Features* – Valid values are as follows:

- 01 – Discharged to home or self care (routine discharge)
- 02 – Discharged/transferred to another short-term general hospital or inpatient care
- 03 – Discharged/transferred to a skilled nursing facility (SNF)
- 04 – Discharged/transferred to an intermediate care facility (ICF)
- 05 – Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
- 06 – Discharged/transferred to home under care of organized home health service organization
- 07 – Left against medical advice or discontinued care
- 08 – Discharged/transferred to home under care of a Home IV provider
- 09 – Admitted as an inpatient to this hospital (Medicare outpatient claim only)
- 20 – Expired
- 30 – Still patient or expected to return for outpatient services
- 50 – Discharged to hospice – home
- 51 – Discharged to hospice – medical facility
- 61 – Discharged or transferred within this institution to hospital based Medicare swing bed
- 62 – Discharged or transferred to another rehabilitation facility including discharge planning units of hospital
- 63 – Discharged or transferred to a long term care facility
- 64 – Discharged or transfer to a nursing facility Medicaid-certified but not Medicare-certified
- 71 – Discharge, transfer or referral to other institution for outpatient services as specified by discharge plan of care
- 72 – Discharge, transfer or referral to this institution for outpatient services as specified by discharge plan of care

*Edit* – 91052; Patient status is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: Attachment**

*Description* – Indicates an attachment

*Format* – Yes or No

*Features* – Drop-down box

*Edits* – None

*To correct* – N/A

**Field Name: Date Billed**

*Description* – Date claim was submitted for processing

*Format* – Eight numeric characters (CCYYMMDD)

*Features* – None

*Edit* – 91002; Date must be numeric!

*To Correct* – Verify keying and re-enter

*Edit* – Invalid date (CCYYMMDD)!

*To correct* – Verify keying and re-enter

**Field Name: Overhead Amount**

*Description* – Dollar amount home health providers receive

*Format* – Nine numeric characters

*Features* – Protected, for display only

*Edits* – None

*To Correct* – N/A

**Field Name: Billed Amount**

*Description* – Amount requested by the provider for services rendered

*Format* – Nine numeric characters

*Features* – Amount is recalculated if Billed Amt is changed on details

*Edits* – None

*To Correct* – N/A

**Field Name: Patient Acct No**

*Description* – Patient's unique identification number assigned by the provider to track the patient's financial records

*Format* – Twelve alphanumeric characters

*Features* – Optional field

*Edits* – 91031; Patient account number must be alphanumeric!

*To Correct* – Verify entry and re-enter

**Field Name: Signature**

*Description* – Indicates whether the claim was signed by the provider or representative

*Format* – Yes or No

*Features* – Drop-down box

*Edits* – None

*To Correct* – N/A

**Field Name: Disp Share Amount**

*Description* – Lost opportunity costs

*Format* – Nine numeric characters

*Features* – Protected, for display only

*Edits* – None

*To Correct* – N/A

**Field Name: Certification Code**

*Description* – Code used by a provider to allow for referred services for managed care

*Format* – Two alphanumeric characters

*Features* – Situational field

*Edit* – 91031; Field must be alphanumeric!

*To Correct* – Verify keying and re-enter

**Field Name: Next ICN**

*Description* – Internal control number that identifies the next claim you wish to display

*Format* – Thirteen numeric characters

*Features* – None

*Edit* – 91072; ICN must be 13 digits!

*To correct* – Verify entry and click **Search** or press **Enter**.

*Edit* – 91029; ICN must be numeric!

*To correct* – Verify entry and click **Search** or press **Enter**.

*Edit* – 91024; No match found!

*To correct* – Verify entry and click **Search** or press **Enter**.

### **Field Name: Resubmitted since (timestamp of logon)**

*Description* – Counter that displays number of times claim has been resubmitted for processing since user began editing this claim

*Format* – Six numeric characters (HH:MM:SS)

*Features* – Protected, display only

*Edits* – None

*To correct* – N/A

## **Other Messages**

None

## **System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_BASE\_MAINT\_DATACOR

*Menu* – M\_CLAIM\_DCOR

*Data Window* – DW\_UB92\_HDR\_SUSPENDED

## **System Features**

Clicking **Data Corrections** launches the Claims Suspense Listing window and the system automatically opens the first claim listed in the window. When the system opens the claim, it automatically changes the claim status to resubmit.

Clicking **Save** applies all changes to the claim for the Claim Header, Details, and Errors windows. When the save is successful, the system automatically exits the claim, opens the next claim in the Claim Suspense Listing window, and change the status to resubmit. As long as the user clicks **Save**, the automatic open and close function continues. Use **Exit** to bypass the automatic open and close function

on the UB-92 Data Correction window. The system then prompts the user “Do You Want To Save Changes?” Clicking **Yes** saves the changes and the next claim does not automatically open.

To start the automatic open and close function again, double-click the next ICN, or click **Select** on the Claim Suspense Listing window. As long as the user clicks **Save**, the automatic open and close function remains active.

The Next ICN field is used to work CCFs. This field allows the user to enter the ICN to be worked and pulls the claim into view so the examiner can work the claim.

Within the window, there is a resubmit counter that tracks how many claims were resubmitted for processing since the user started working in the window. When **Exit** is clicked, the system resets the counter to zero.

Clicking **Exit** exits the Data Correction – UB-92 window.

When the RID No. is changed to a valid number, the Recip Name fields are updated.

Double-click the Provider or Referring Provider to access the Provider Base window.

Double-click the RID No. to access the Recipient Base window.

Double-click the TPL Amount or Patient Deduct Amt to access the TPL Search/Resource window.

## Field Information – Detail Section

The UB-92 Data Correction Window Detail Section displays all the information entered in the detail lines of a UB-92 claim. This window is used to view and correct detail errors on UB-92 claims.

The following fields are updateable:

- Revenue Code
- Procedure Code
- Modifiers 1-4
- DOS
- Units Billed
- Billed Amount
- Allowed Amount
- NDC
- NDC UOM
- NDC Qty

Claim correction is accomplished by changing the data on any of the above fields. If appropriate, additional data can be entered. Claim resubmission allows the claim to go through the claims processing cycle, subject to all edits and audits. The claim enters the processing cycle as soon as it is resubmitted.

**Field Name: Detail No**

*Description* – Identifies the appropriate detail for the information provided

*Format* – Three numeric characters

*Features* – Protected; display only

*Edits* – None

*To Correct* – N/A

**Field Name: Detail Stat**

*Description* – Indicates the status of the detail

*Format* – One alphabetic character

*Features* – Protected, display only. Valid values are as follows:

- P = Paid
- S = Suspended
- D = Denied

*Edits* – None

*To Correct* – N/A

**Field Name: Rev Code**

*Description* – Code that identifies a specific accommodation, ancillary service, or billing calculation

*Format* – Three numeric characters

*Features* – None

*Edit* – 91052; Revenue code is invalid!

*To Correct* – Verify entry and re-enter

*Edit* – 91007; Data must be numeric

*To Correct* – Verify keying and re-enter

**Field Name: Proc Code**

*Description* – Identifies the procedure code used for the detail

*Format* – Five alphanumeric characters

*Features* – Double-click to access the procedure database

*Edits* – 91052; Procedure code is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: Modifiers 1, 2, 3, and 4**

*Description* – Code used to further define a procedure

*Format* – Two alphanumeric characters

*Features* – None

*Edit* – None

*To Correct* – N/A

**Field Name: DOS**

*Description* – Date the service was provided

*Format* – Eight numeric characters (CCYYMMDD)

*Features* – None

*Edits* – 91002; Date must be numeric!

*To Correct* – Verify keying and re-enter

**Field Name: Units Billed**

*Description* – Number of units billed

*Format* – Seven numeric characters

*Features* – None

*Edits* – 91007; Data must be numeric!

*To Correct* – Verify keying and re-enter

*Edit* – 91076; Units billed must be less than 10,000!

*To Correct* – Verify keying and re-enter

**Field Name: Billed Amt**

*Description* – Amount of money requested for payment by a provider for services rendered

*Format* – Ten numeric characters including two decimal places

*Features* – None

*Edits* – 91007; Data must be numeric!

*To Correct* – Verify keying and re-enter

**Field Name: Allowed Amt**

*Description* – Amount allowed for the provider

*Format* – Nine numeric characters including two decimal places

*Features* – None

*Edits* – 91007; Data must be numeric!

*To Correct* – Verify keying and re-enter

**Field Name: NDC**

*Description* – National Drug Code

*Format* – Eleven numeric characters

*Features* – Situational field

*Edit* – 91029; NDC Code must be numeric!

*To Correct* – Verify keying and re-enter

*Edit* – 8044; Drug code must be 11 characters in length

*To Correct* – Verify keying and re-enter

*Edit* – 8050; Drug not found on file!

*To Correct* – Verify keying and re-enter

**Field Name: NDC UOM**

*Description* – National Drug Code unit of measure

*Format* – Two alphanumeric characters

- IG
- GR
- ME
- ML
- UN

*Features* – Situational field

*Edit* – UOM cannot exist without an NDC code

*To Correct* – Verify keying and re-enter or delete UOM

**Field Name: NDC Qty**

*Description* – National Drug Code quantity

*Format* – Ten numeric characters, three to right of decimal point

*Features* – Situational field

*Edit* – NDC Qty cannot be greater than 0 without an NDC code

*To Correct* – Verify keying and re-enter

*Edit* – 91067; NDC Qty must be greater than zero!

*To Correct* – Verify keying and re-enter

*Edit* – 91077; NDC Qty must be less than or equal to 999,999.999

*To Correct* – Verify keying and re-enter

*Edit* – 91029; NDC Qty must be numeric!

*To Correct* – Verify keying and re-enter

## Other Messages

None

## System Information

*PBL* – CLAIM01.PBL

*Window* – W\_BASE\_MAINT\_DATACOR

*Menu* – M\_CLAIM\_DCOR

*Data Window* – DW\_UB-92\_DTL\_SUSPENDED

## System Features

Overridable warning messages are issued for invalid data.

A change in the billed amount recalculates the billed amount at the header level.

A change in the date of service (DOS) on the detail changes the DOS at the header level.

When add and delete function is used, the system automatically recalculates the total billed amount.

## Field Information – Claim Errors Section

The Claim Errors section is displayed in the lower left corner of the main UB-92 Data Correction window. This section displays the errors in the header or detail lines applicable to the claim viewed. The detail line numbers applicable to the errors are also displayed.

**Field Name: Detail No**

*Description* – The number of the header (00) or detail (01-52) for a specific claim that is in error

*Format* – Three numeric characters

*Features* – None

*Edits* – 91006; Field is required!

*To Correct* – Enter a detail number

*Edits* – 91052; Detail number is invalid!

*To Correct* – Verify keying and re-enter

**Field Name: Error Disp**

*Description* – Indicates the claim disposition applicable to the edit or audit

*Format* – Blank, CCF, force, deny, or batch

*Features* – Drop-down list box

*Edits* – 91076; CCF for adjustment must be less than or equal to today's date

*To Correct* – Verify keying and enter proper date

**Field Name: Error Code**

*Description* – Code used to identify the edit or audit

*Format* – Four numeric characters

*Features* – Double-click to display the Claim Error List window (response window)

*Edits* – 91006; Field is required!

*To Correct* – Enter a valid error code

*Edits* – 91007; Data must be numeric!

*To Correct* – Verify keying and re-enter

*Edits* – 91052; Error code is invalid!

*To Correct* – Verify keying and re-enter

**Other Messages**

None

## System Information

*PBL* – CLAIM01.PBL

*Window* – W\_BASE\_MAINT\_DATACOR

*Menu* – M\_CLAIM\_DCOR

*Data Window* – DW\_CLAIM\_ERROR\_DCOR

## System Features

The Claims Errors section is used for inquiry, data corrections, and adjustments.

Claim errors can be added or changed only during data correction and adjustment processing.

Double-click within this section to display the full Claim Errors window and a description of the ESC code.

## Field Information – Claim Program Xref Section

The Claim Program Xref section of the UB-92 Data Correction window is displayed in the lower middle section. This section displays other health programs that have a financial liability for the claim being viewed.

### **Field Name: Num Dtl**

*Description* – Indicates the current detail line related to the claim displayed

*Format* – Two numeric characters

*Features* – Protected, display only

### **Field Name: Health Pgm**

*Description* – Indicates a health program with liability for the claim displayed

*Format* – Two alpha characters

*Features* – Protected, display only

## Other Messages

None

## System Information

*PBL* – CLAIM01.PBL

*Window* – W\_BASE\_MAINT\_DATACOR

*Menu* – M\_CLAIM\_DCOR

*Data Window* – DW\_DATACOR\_PGM\_XREF

## System Features

None

## Field Information – Related Claim History Section

The Related Claim History window is displayed in the lower right section of the main UB-92 Data Correction window. This window lists other claims that are related to the current claim. The window cannot be updated and is shared by all claim types.

### **Field Name: Detail Number**

*Description* – Indicates the current detail line related to the history claim displayed

*Format* – Three numeric characters

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

### **Field Name: Related ICN**

*Description* – ICN of the related claims

*Format* – Thirteen numeric characters

*Features* – Double click on ICN and related claim will be displayed

*Edit* – None

*To correct* – N/A

### **Field Name: Related Detail**

*Description* – Indicates the history detail line related to the current detail line

*Format* – Three numeric characters

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

**Field Name: Processed Date**

*Description* – Indicates date of processing related to current detail line

*Format* – Eight numeric characters, CCYY/MM/DD format

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

**Field Name: Processed Time**

*Description* – Indicates time of processing related to current detail line

*Format* – Six numeric characters, HH:MM:SS format

*Features* – Protected, display only

*Edit* – None

*To correct* – N/A

**Other Messages**

None

**System Information**

*PBL* – CLAIM01.PBL

*Window* – W\_BASE\_MAINT\_DATACOL

*Menu* – M\_CLIAM\_DCOR

*Data Window* – DW\_CLAIM\_RELATED\_HISTORY

**System Features**

None



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